MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	738	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51		2		2		
2			1					52		2		2		
3				1				53		2		2		
4				1				54		2		2		
5		4		4				55		2		3		
6		2		2				56		2		3		
7		4		2				57		2		3		
8		4		4				58		2		3		
9		4		4				59		2		2		
10		4	3	4				60		2				
11		4		4				61		4	60	4		
12		4		4				62		4		4		
13		4		4				63		4	4	4		
14		4		4				64		4		4		
15		4		4				65		4		4		
16	4	4		4				66		4	40	4		
17				4				67		4		4		
18		4	52 52	4				68		4		4		
19		2	54	2				69		4		4		
20		4		4				70		4		4		
21		4		4				71		4		4		
22		4		4				72		4		4		
23		4	70	4				73		4		4		
24		4		4				74		4		4		
25		4	74	4				75		4				
26		4	82	4				76				1		
27		4	46	4				77				1		
28		4	90	4				78				4		
29		4		4				79				4		
30		4	93	4				80				4		
31		2	100	2				81						
32		2	102	2				82						
33		4	108	4				83				1		
34		4	110	4				84						
35		4	114	4				85						
36		4	118	4				86						
37		4	122	4				87						
38		4	126	4				88						
39		4	130	4				89						
40		4		4				90						
41		4	138	4				91						
42		4	142	4				92						
43		4	146	4				93						
44		4	150	4				94						
45		4		4				95						
46		2	152	2				96						
47		2		2				97						
48		2	160	2				98						
49		2		2				99						
50		2	164	2				100						
TOTAL IND.			2					**TOTAL IND.**	4					
TOTAL DEP.			258					**TOTAL DEP.**	240					
TOTAL CLAIMS			260					**TOTAL CLAIMS**	244					

164
+80
244